

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.  
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			2			
2							52			2			
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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29							79						
30							80						
31			4				81						
32			4				82						
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34			4				84						
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36			4				86						
37			4				87						
38			4				88						
39			4				89						
40			4				90						
41			4				91						
42			4				92						
43			4				93						
44			4				94						
45			4				95						
46			4				96						
47			4				97						
48			4				98						
49			4				99						
50			4				100						
TOTAL END.			4				TOTAL END.			4			
TOTAL DEP.			4				TOTAL END.			4			
TOTAL CLASSES			4				TOTAL END.			29			
			4				TOTAL END.			29			
			4				TOTAL END.			83			
			4				TOTAL END.			83			